

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-030936

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4166

FILED AUG 28 1962

1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Kansas City, Missouri

Length of stay in 1b

2 yrs

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

St Luke's Hosp

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived, institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Jackson

c. CITY
OR TOWN

Kansas City 24

Inside Limits
Yes ☐ No ☐d. STREET
ADDRESS331 (If outside, give location)
337 So. BrightonReside on Farm
Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

William

Middle

C.

Last

Dishman

4. DATE
OF DEATH

Month

8

Day

13

Year

62

5. SEX

male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

7-17-15

9. AGE (last birthday)

47

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

MACHINIST

10b. KIND OF BUSINESS OR INDUSTRY

SHEFFIELD DIV. of ARMCO

11. BIRTHPLACE (City and state or country)

HOLDEN, MO.

12. CITIZEN OF WHAT COUNTRY

USA.

13a. FATHER'S NAME

EDWARD DISHMAN

13b. MOTHER'S MAIDEN NAME

ADALINE DAVIDSON

14. NAME OF HUSBAND OR WIFE

GERALDYNE W.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

17. INFORMANT

Address

MRS. EDWARD DISHMAN, 331 So. Brighton

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cardiac Arrhythmia

INTERVAL BETWEEN
ONSET AND DEATH

1 hr

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Myocardial Ischemia

1 month

DUE TO (c)

Coronary Occlusion

1 month

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Arteriosclerosis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Jan 1960 to Present and last saw him alive on 8-13-62
Death occurred at 2:05 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

George K. Boyd M.D.

22b. ADDRESS

5111 Independence Ave

22c. DATE SIGNED

8-13-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

BURIAL

23b. DATE

AUG. 15, 1962

23c. NAME OF CEMETERY OR CREMATORY

HOLDEN CEMETERY

23d. LOCATION (City, town, or county)

HOLDEN, MO.

(State)

24. FUNERAL DIRECTOR

Ben Cast

ADDRESS

Holden, Mo.

25. DATE RECD. BY LOCAL REG.

8-13-62

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF
George K. Boyd
MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed



Licensed Embalmer No.

4059

P. O. Address

Holmes, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.